Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 8, 2019

Ms. Jeana Lavallee, Manager
Living Well Residence
71 Maple Street
Bristol, VT 05443-1004

Dear Ms. Lavallee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 12, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PRINTED: 12/20/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0543	A. BUILDING: _____ B. WING _____	12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING WELL RESIDENCE	71 MAPLE STREET BRISTOL, VT 05443

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced, onsite relicensing survey on 12/12/2018. The following regulatory violations were identified.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that care plans included the interventions and services necessary to assist with the maintenance of independence and well-being for one out of three residents in the sample (Resident #1). Findings include: Per Resident Assessment, Resident #1 required intermittent use of oxygen therapy due to a diagnosis of chronic obstructive pulmonary disease (respiratory disease). Resident #1's Plan of Care dated 6/19/2018 states, "respirations will be monitored" however there were no interventions specified to monitor the resident's respiratory health. Per review of nursing notes and confirmed during interviews with direct are staff, Resident #1's respiratory condition had been stable since the	R145	The care plan was updated 12/14/18. Beginning 01/01/19 all care plans will be reviewed quarterly by the nurse. There is an electronic alert set in the House Managers computer calendar as a reminder to ensure that care plans have been reviewed, this alert will coincide with the alert to send quarterly variance reports.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: House Manager | TITLE | (X6) DATE: 1/2/19

STATE FORM 6899 CUEK11 If continuation sheet 1 of 2

R145-R249 POC accepted
S Shumbrook, RN 1/3/19

PRINTED: 12/20/2018
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R145	Continued From page 1 time of admission and had not required use of supplemental oxygen, however there were no guidelines provided for staff to identify situations in which Resident #1 would require oxygen. The findings were reviewed with the House Manager on the afternoon of 12/12/2018.	R145		
R249 SS=B	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that all frozen food was maintained in a manner consistent with safe storage practices. This has the potential to impact all residents. Findings include: During an environmental tour of the kitchen, partially consumed bags of frozen peas, corn and tortellini pasta observed in the freezer were not labeled with dates indicating when they were opened. The House Manager confirmed the bags of frozen food items should have been dated at the time they were opened at 11:15 AM on 12/12/2018.	R249	All bags of frozen vegetables were labeled 12/12/18. Beginning 12/17/18 the chef will be doing weekly checks to ensure food is properly labeled. Night shift will be checking labels to ensure that food is properly labeled. This was added to the night shift task list. The House Manager will review task lists weekly. 01/10/19 Staff will be inserviced regarding proper labeling of food.	